

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

BEST AVAILABLE COPY

SERIAL NO.
09 / 767610

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7		1				
8						
9		1				
10						
11						
12						
13						
14						
15		1				
16						
17		1				
18	1					
19						
20						
21						
22		1				
23						
24		1				
25						
26						
27						
28		1				
29						
30		1				
31	1					
32		1				
33						
34		1				
35						
36		1				
37						
38	1					
39						
40						
41						
42						
43						
44						
45						
46						
47						
48	1					
49		1				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53	1					
54	1					
55	1					
56	1					
57		1				
58	1					
59	1					
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77	1					
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/767610

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1	/					
102						
3						
4						
5						
6						
7						
8	/					
9						
10						
11						
12	/					
13	/					
14						
15						
16						
17						
18						
19						
20	/					
21	/					
22	/					
23	/					
24						
25						
26						
27						
28	/					
29						
30						
31						
32						
33	/					
34						
35						
36	/					
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47	/					
48						
49	/					
50	/					
TOTAL IND.	29	↓		↓		↓
TOTAL DEP.	120	↓		↓		↓
TOTAL CLAIMS	149					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52						
53						
54	/					
55		/				
56	/	/				
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Claim		Date											
Final	Original												
151													
152													
153													
154													
155													
156													
157													
158													
159													
160													
161													
162													
163													
164													
165													
166													
167													
168													
169													
170													
171													
172													
173													
174													
175													
176													
177													
178													
179													
180													
181													
182													
183													
184													
185													
186													
187													
188													
189													
190													
191													
192													
193													
194													
195													
196													
197													
198													
199													
200													

SYMBOLS

✓ Rejected

..... Allowed

(Through numeral) Canceled

+ Restricted

N Non-elected

I Interference

A Appeal

O Objected

Claim		Date											
Final	Original												
201													
202													
203													
204													
205													
206													
207													
208													
209													
210													
211													
212													
213													
214													
215													
216													
217													
218													
219													
220													
221													
222													
223													
224													
225													
226													
227													
228													
229													
230													
231													
232													
233													
234													
235													
236													
237													
238													
239													
240													
241													
242													
243													
244													
245													
246													
247													
248													
249													
250													

(1 LEFT INSIDE)